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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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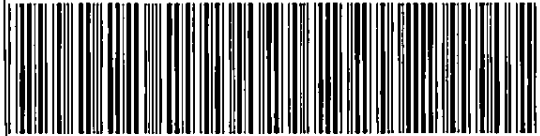
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLIANCE SEC. FLORIDA

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**ROBINETTE
PARTNERSHIP, LLC**

10215 Technology Drive Ste. 304 Phone (865) 777-4160
Knoxville, TN 37932 Fax (865) 777-4189

License # 27497
FEIN 62-887769

January 23, 2018

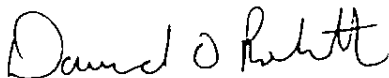
Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find the enclosed application for registration for Robinette Partnership, LLC as a foreign limited liability company in Florida. Also enclosed are our Tennessee Certificate of Existence and a check for the application and certificate of status fees.

If there is any further required information please contact us at 865-777-4160.

Sincerely,



David O. Robinette
Chief Manager

enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Robinette Partnership, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David O. Robinette

Name of Person

Robinette Partnership, LLC

Firm/Company

10215 Technology Drive Ste 304

Address

Knoxville, TN 37932

City/State and Zip Code

kscott@site-incorporated.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristie Scott

865

777-4160

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Robinette Partnership, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Tennessee 3. 62-1387769
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10215 Technology Drive Ste 304 6. 10215 Technology Drive Ste 304
(Street Address of Principal Office) (Mailing Address)
Knoxville, TN 37932 Knoxville, TN 37932

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.
Office Address: 515 East Park Ave. 2nd Fl
Tallahassee Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Debbie Case, asst. sec.
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Chief Manager	David O. Robinette 10215 Technology Dr Ste 304 Knoxville, TN 37932	Manager	Steven Fuller Sr. 1963 Point Windy Dr. Jacksons' Gap, AL 36861
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

David O Robinette
Signature of an authorized person

Chief Manager DAVID O ROBINETTE
Typed or printed name of signed



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

DAVID ROBINETTE
STE 304
10215 TECHNOLOGY DRIVE
KNOXVILLE, TN 37932

January 17, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0263527

Issuance Date: 01/17/2018
Copies Requested: 1

Document Receipt

Receipt #: 003744809

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3719321292

\$20.00

Regarding: ROBINETTE PARTNERSHIP, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 05/23/1996
Status: Active
Duration Term: Perpetual
Business County: KNOX COUNTY

Control #: 312526
Date Formed: 05/23/1996
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

ROBINETTE PARTNERSHIP, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 025995634